

Proposed changes to §§ 1021, 1028 and addition of §§ 1028.1, 1028.2, 1028.3, 1028.4 and 1028.5 of Title 16 California Code of Regulations in response to SB 683 (11/07)

§ 1021. Examination, Permit and License Fees for Dentists.

The following fees are set for dentist examination and licensure by the board:

(a) Initial application for the board clinical and written examination pursuant to Section 1632(c)(1) of the code, ~~and~~ initial application for those applicants qualifying pursuant to Section 1632(c)(2) and those applicants qualifying pursuant to Section 1634.1\$100

* * *

*Fee pro-rated based on applicant's birth date.

Note: Authority cited: Sections 1614, 1635.5, 1724 and 1724.5, Business and Professions Code. Reference: Sections 1632, 1634.1, 1646.6, 1647.8, 1647.12, 1647.15, 1715, 1716.1, 1718.3, 1724 and 1724.5, Business and Professions Code.

§ 1028.2 Application for Determination of Licensure Eligibility Pursuant to Section 1634.1.

(a) An applicant for licensure as a dentist pursuant to Section 1634.1 of the Code shall submit an "Application for Determination of Licensure Eligibility (Residency)" (Rev. 10-07) that is incorporated herein by reference and shall be accompanied by the applicable fees as set by Section 1021.

(b) Following review, the board shall notify the applicant of the eligibility determination. Upon a finding that the applicant is eligible, the applicant shall file an Application for Issuance of License Number and Registration of Place of Practice, as set forth in Section 1028.4.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1634.1, Business and Professions Code.

§ 1028.3 Certification of Clinical Residency Program Completion Pursuant to Section 1634.1(c).

(a) "Certification of Clinical Residency Program Completion" (Rev.11-07) that is incorporated herein by reference, and shall be signed by the current director of the residency program.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1634.1 and 1634.2, Business and Professions Code.

§ 1028.4 Application for License Number and Registration of Place of Practice Pursuant to Section 1650.

(a) Upon being found eligible for licensure, the applicant shall file an "Application for License Number and Registration of Place of Practice," (Rev 11-07) that is incorporated herein by reference, and shall be accompanied by the licensure fee as set by Section 1021.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1650, Business and Professions Code.

§ 1028.5 Application for California Law and Ethics Examination Pursuant to Section 1632(b).

(a) Application for the California law and ethics examination shall be made on an "Application for Law and Ethics Examination" (Rev.11/07) that is incorporated herein by reference.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1632, Business and Professions Code.

DENTAL BOARD OF CALIFORNIA

1432 Howe Avenue, Suite 85, Sacramento, CA 95825

P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov



APPLICATION FOR LAW AND ETHICS EXAMINATION

For Office Use Only

ATS# _____

For Office Use Only

Received

No Fee Required

(Please type or print neatly)

1. LEGAL NAME: _____
LAST FIRST MIDDLE
2. ADDRESS _____
Street City State Zip Code
3. TELEPHONE NUMBER (____) _____ (____) _____
Evening Day
4. Do you have a disability or condition that requires special accommodations? YES NO
If yes, email db_examinations@dca.ca.gov for a "REQUEST FOR ACCOMMODATION" packet.
5. Preferred Examination: Northern ☐ Southern ☐
California California Month: _____

Date

Signature of Applicant

6. CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:
(Must be completed or application will be returned)

I HEREBY CERTIFY THAT _____
Full Name of Student

matriculated in the _____
Name of University

Dental College the _____ day of _____ and attended _____ years,
has completed the clinic and didactic requirements and

HAS GRADUATED, OR WILL GRADUATE OR IS EXPECTED TO GRADUATE
with the degree of:

Circle One D.D.Sc., D.D.S., D.M.D.

on the _____ day of _____, 20_____.

(SEAL OF
COLLEGE OR
UNIVERSITY)

SIGNATURE OF DEAN

DENTAL BOARD OF CALIFORNIA

1432 Howe Avenue, Suite 85, Sacramento, CA 95825

P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov



APPLICATION FOR DETERMINATION OF LICENSURE ELIGIBILITY (RESIDENCY)

Business & Professions Code, Section 1634.1

**Staple a color
passport photo
here**

OFFICIAL USE ONLY

Receipt # _____ RC# _____

Fees: Application _____

Fingerprints _____

Date Cashiered _____

See Instructions for completing and filing this application. Please read carefully and answer each question fully. Verify that this is the most **recent** revision of the application.

FEES (NON-REFUNDABLE): Application \$100

Fingerprint Cards - \$56

(Dept. of Justice processing fee \$32, FBI processing fee \$28)

(Live Scan fees are paid directly to the Processor)

Please type or print **legibly**

1. NAME: Last _____ First _____ Middle _____	2. Social Security or File No. _____
3. Address of Residence _____	4. Birthdate: (mo/day/yr) _____
5. Mailing Address (including City/State/Zip) _____ Email (optional): _____	6. Telephone/FAX Numbers () _____ () _____ () _____

7. **DENTAL EDUCATION:** Proof that the applicant has graduated from a dental school approved by the board or by the Commission on Dental Accreditation of the American Dental Association **Yes** ☐
(Must be included or application will be returned)

Name and location of institution attended	Period of attendance (show exact inclusive dates)	Degree, Diploma granted and date
		D.D.Sc. <input type="checkbox"/> D.M.D. <input type="checkbox"/> D.D.S. <input type="checkbox"/> Other(specify) _____ Year degree awarded: _____

8. **Certification of Clinical Residency Program Completion** form signed by the director of the residency program or advanced education in general dentistry program **Yes** ☐
(Must be included or application will be returned)

9. Have you taken and failed the California licensure examination or the Western Regional examination within five years of the date of this application? ☐ Yes ☐ No
10. Are you currently awaiting the results after having taken the California licensure examination or the Western Regional examination? ☐ Yes ☐ No
11. Do you have any pending or have you ever had any disciplinary action taken or charges filed against a dental license or other healing arts license? Include any disciplinary actions taken by the U.S. Military, U.S. Public Health Service or other U.S. federal governmental entity. ☐ Yes ☐ No

Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken.

12. Are there any pending investigations by any State or Federal agencies against you? ☐ Yes ☐ No
If yes, provide a detailed explanation of circumstances surrounding the investigation.
13. Have you ever been denied a dental license or permission to take a dental examination? ☐ Yes ☐ No
If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s).
14. Have you ever surrendered a license, either voluntarily or otherwise? ☐ Yes ☐ No
If yes, provide a detailed explanation and a copy of all documents relating to the surrender.
15. Have you ever surrendered a dental license, either voluntarily or otherwise? ☐ Yes ☐ No
If yes, provide a detailed explanation and a copy of all documents relating to the surrender.
16. With the exception of a conviction for an infraction resulting in a fine of less than \$300, have you ever been convicted of any crime, including an infraction, misdemeanor or felony? ☐ Yes ☐ No

"Conviction" includes a plea of no contest and any conviction that been set aside pursuant to Section 1203.4 of the Penal code. Therefore, you must disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Section 1203.4 of the Penal Code.

17. Are you in default on a United States Department of Health and Human Services education loan pursuant to Section 685 of the Code? ☐ Yes ☐ No

If yes, provide a detailed explanation.

NOTE: A license will not be issued until clearance has been received from the California Department of Justice and the Federal Bureau of Investigation. See Instructions for fingerprinting.

DECLARATION

Executed in _____, on the _____ day of _____, 20____.
City, State

I am the applicant for licensure referred to in this application. I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely.

I certify under penalty of perjury under the laws of the State of California and automatic forfeiture of my California dental license if one is issued that the information I provided to the Board in this application is true and correct to the best of my knowledge and belief.

Date

Signature of Applicant

Important Information: You must report to the Board the results of any actions which have been filed or were pending at the filing of this application. Failure to report this information may result in the denial of your application or subject your license to discipline pursuant to § 480(c) of the Business & Professions Code.

DENTAL BOARD OF CALIFORNIA

1432 Howe Avenue, Suite 85, Sacramento, CA 95825

P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov



**Application for Issuance of License Number
and Registration of Place of Practice***

Business & Professions Code §§ 1650

OFFICE USE ONLY

Date Application Received

OFFICE USE ONLY

ATS # _____

Rec # _____

Fee Paid _____

Date cashiered _____

Date License mailed _____

License # _____

Complete this form to obtain your license. Please print legibly.

Name _____
Last First Middle

Address of Record (will be public information)

Street and Number _____

City _____ State _____ Zip Code _____

Address of Practice, if different

Street and Number _____

City _____ State _____ ZIP Code _____

***Note: If you do not yet have a practice address in California, you may leave this section blank.**

However, if and when you do have a practice address in California, you must report it to the Board immediately.

Telephone number () _____ Email address (optional) _____

Applicant's File Number issued by Dental Board of California _____

Certification

I certify under penalty of perjury under the laws of the State of California that the information I provided to the Board in this application is true and correct.

Date

Signature of Applicant

The information requested herein is mandatory unless designated as optional and is maintained by Dental Board of California, 1432 Howe Ave, Suite 85, Sacramento, CA 95825, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq.

The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.

DENTAL BOARD OF CALIFORNIA

1432 Howe Avenue, Suite 85, Sacramento, CA 95825

P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov



CERTIFICATION OF CLINICAL RESIDENCY COMPLETION

Applicant: Complete the upper portion of this form and have your general residency program or advanced education program in general dentistry certified by the educational institution where you completed the program. Submit this completed form with your application.

Applicant Name _____

Name of program attended _____

Educational Institution must complete this portion of form:

This applicant is applying for a dental license in California. In order to qualify, the applicant is required to provide proof of completion of a general practice residency program (GPR) or advanced education in general dentistry (AEGD) program for a minimum of one year certified by the program director of the institution. Please check the appropriate boxes that relate to the program under your direction that this applicant completed. To qualify, the program must be accredited by the Committee on Dental Accreditation (CODA) of the American Dental Association.

- ☐ Direct health promotion and disease prevention activities
- ☐ Provide operative dentistry (direct and indirect restorations)
- ☐ Provide replacement of teeth using fixed and removable prosthodontics
- ☐ Provide periodontal therapy
- ☐ Provide endodontic therapy
- ☐ Provide oral surgery
- ☐ Evaluate and treat dental emergencies
- ☐ Treat medical emergencies
- ☐ Provide dental care to patients who have received implants
- ☐ Manage oral mucosal diseases
- ☐ Manage temporomandibular disorders and orofacial pain

CONTINUED ON OTHER SIDE – BOTH SIDES OF FORM MUST BE COMPLETED

(11/07)

Continued :

- ☐ Manage occlusal disorders
- ☐ Perform physical evaluation and collect other data to establish a medical risk assessment
- ☐ Understand indications of and interpretations of laboratory studies and other technique used in the diagnosis of oral and systemic diseases
- ☐ Apply principles of practice management
- ☐ Provide pain and anxiety control utilizing behavioral and pharmacologic techniques
- ☐ Provide airway management
- ☐ Administer pharmacological agents
- ☐ Obtain and interpret patient's chief complaint, medical and social history, and review of systems
- ☐ Understand the relationship between oral health care and systemic diseases
- ☐ Interpret physical evaluation performed by a physician with an understanding of how it impacts proposed dental treatment

I hereby certify that _____ satisfactorily completed a general practice residency program or advanced education in general dentistry of a minimum of one year at the following CODA-approved program _____.

EDUCATIONAL
PROGRAM SEAL

Signature

Date

Printed Name/Title

Phone

(11/07)